



**North Dakota
School Nurse
Organization**

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*NDSNO Mission Statement: ...to
provide leadership, educational
opportunities and networking for
professional registered nurses
actively involved in school nurs-
ing.*

*School Nursing supports the edu-
cational process by contributing
positively and significantly to the
health, health attitudes and health
behaviors of today's children and,
consequently, tomorrow's adults.*

NDSNO Membership Form 2016

NDSNO membership dues are \$35 and are due by January 1 of each year. If you are a first-time member and join after June 30, your fee is \$17.50. Membership is open to: Active, Associate, Retired, Corporate/Business Organizations, and Members At Large. Students can also become members of NDSNO and their membership fee will be waived.

NDSNO membership provides many valuable opportunities such as:

- Promote comprehensive school health programs
- Promote and advance the quality of health education and services in the school community
- Encourage collaboration with related professional organizations
- Provide a network of support for school nurses

To become a member of NDSNO, please provide the following information and return this form and payment (**checks made to NDSNO**) to:

Nancy Leith
Fargo Cass Public Health
1240 25th St South
Fargo, ND 58103
Or fax to 701.298.6929

Name: _____

Home Address: _____

Agency Name and Address: _____

Home Phone _____ Work Phone _____

Email Address(es) _____

Are you a member of NASN? YES NO

Are you a Nationally Certified School Nurse? YES ☐ NO ☐

What grade levels do you serve (i.e. elementary, middle school, high school)? _____

Private or Public School Nurse? _____

Employed by school, public health unit, combination or other? Please describe: _____

*membership card will be sent after request is processed and payment is received